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** CONTINUING DATA *****

This application is a CIP of 10/375,407 02/27/2003 PAT 7,039,468 which is a CIP of 10/308,105
 12/03/2002 ABN
 which is a CON of 09/757,804 01/11/2001 ABN
 which is a CON of 09/236,829 01/25/1999 PAT 6,198,970
 which is a CIP of 08/956,448 10/23/1997 PAT 5,987,359
 which is a CON of 08/549,046 10/27/1995 PAT 5,725,564

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 05/11/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 12	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>SE</i>	Initials		

ADDRESS

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TITLE

Treatment of oropharyngeal disorders by application of neuromuscular electrical stimulation

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)